

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or the below named inventors are the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "**METHOD FOR FORMING CONDUCTIVE INTERCONNECTS**" the Specification of which:

☒ is attached hereto.
☐ was filed on _____ as Application Serial No. _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent, United States provisional application(s), or inventor's certificate listed below and have also identified below for any foreign application for patent, United States provisional application, or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIORITY APPLICATION(S)

MULTIPLE PUBLICATION(S)			Priority Claimed
(Number)	(Country)	(Date Filed)	Yes/No
(Number)	(Country)	(Date Filed)	Yes/No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)
(Application Serial No.)	(Filing Date)	(Status)

I hereby direct that all correspondence and telephone calls be addressed to Danny L. Williams, Williams, Morgan & Amerson, P.C., 7676 Hillmont, Suite 250, Houston, Texas 77040, (713) 934-7000.

I HEREBY DECLARE THAT ALL STATEMENTS MADE OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.

Inventor's Full Name:

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Inventor's Signature:

E. Todd Ryan

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Date: 10/13/00

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Same

09706093.110300

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
ERROL TODD RYAN

Serial No.: Unknown

Filed: Concurrently Herewith

FOR: METHOD FOR FORMING CONDUCTIVE
INTERCONNECTS

§
§
§ Examiner: Unknown
§
§ Group Art Unit: Unknown
§
§ Att'y Docket: 2000.060900/TT4116
§

POWER OF ATTORNEY

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

The undersigned, being the inventors named in the above-identified application, hereby revoke any previous Powers of Attorney and appoint:

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as its attorney or agent so long as they remain with such firms, with full power of substitution and revocation, to prosecute the application, to make alterations and amendments therein, to transact all business in the Patent and Trademark Office in connection therewith, and to receive any Letters Patent, and for one year after issuance of such Letters Patent to file any request for a certificate of correction that may be deemed appropriate.

Please direct all communications as follows:

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